

Dec. 2. 2020 11:11AM

No. 0053 P. 2

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 12-1-2020

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Taxi United LLC dba ADR TAXI CAB
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

12 Bell dr Port Royal, South Carolina 29935
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-597-0038

Phone

Fax

ADRTAXI@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u> | | <u>Liabilities:</u> | |
|-------------------------------------|--------|------------------------------|-------|
| Value of Real Estate | 50,000 | Mortgage/Loan on Real Estate | 0 |
| Value of Motor Vehicles | 5,000 | Loans Owed on Motor Vehicles | 0 |
| Cash on Hand | 400.00 | Business/Other Loans Owed | 0 |
| Cash in Bank | 4,500 | Other Liabilities or Debts | 2,000 |
| Value of Other Assets and Equipment | 2,000 | Total Liabilities | 2,000 |
| Total Assets | 61,900 | | |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

up to \$75.00 a mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Jason Robinson - Taxi United LLC dba ADR TAXI CAB

Name of Applicant

12 Bell dr Port Royal, SC 29935

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**Liability Insurance \$ 3,839.00Limits \$25,000/50,000/25,000The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

New York Marine & General Insurance Co

Name of Insurance Company

412 M.T. Kemble Avenue, Suite 300C Morris town, NJ 07960

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

32107 W. Undero Cyn Rd, Ste 120
Westlake Village, CA 91361



INSURANCE PROPOSAL - Valid for 30 days only or until proposed effective date.

Quotation includes only the coverages listed below and does not necessarily provide the terms/coverages requested in your application.

Date: 11/17/20

Insured **Taxi United L.C**

Producer: Preferred Risk Agency, LLC. 0.075

Effective Date: 11/18/20

Expiration Date: 11/18/21

Business Desc: Taxi Automobile Liability

Insurance Company: New York Marine & General Insurance Co
Company Rating: A- IX Admitted

| Coverage | Limits | Symbol | Per Unit | # Units | Total Annual |
|--|---|--------|------------|---------|-------------------|
| Automobile Liability | \$25,000/\$50,000/\$25,000 | 10 | \$3,823.00 | 1 | \$3,823.00 |
| Uninsured Motorist | \$25,000/\$50,000/\$25,000 | 10 | \$16.00 | 1 | \$16.00 |
| Underinsured Motorist | No Coverage | 10 | 0 | 1 | \$0.00 |
| Personal Injury Protection | No Coverage | | | | |
| Physical Damage (Comp or Specified Perils and Collision) | NO COVERAGE FOR COLLISION OR DAMAGE TO YOUR CAR | | | | |
| Premium | | | | | \$3,839.00 |
| Total Premium, Taxes, and Fees | | | | | \$3,839.00 |

Premium will be financed.

Required Items to Bind Coverage

1. Completed, signed and dated insurance application
2. Signed and dated insurance quotation
3. Completed, signed and dated uninsured /underinsured motorist form
4. Completed, signed, initialed and dated no loss letter (if applicable)
5. Mechanical inspections on units 15 years or older

This quotation is subject to the following terms and conditions:

A \$25.00 fee may be charged for NSF payments. A \$50.00 Reinstatement Fee may be charged if your policy goes into cancellation.

Terrorism, Assault, Battery are specifically excluded.

All drivers and vehicles must be reported in writing to and approved prior to being put on the road for coverage to apply.

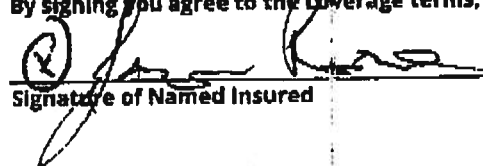
This policy may be subject to a 25% Minimum Earned Premium or short-rate cancellation if you request the policy to be cancelled.

Minimum age requirement for driver(s) is 23 years old (23-24 must have a clean driving record).

Quote based on acceptable MVR(s). The carrier reserves the right to decline coverage and / or reject, exclude driver(s) if unacceptable MVR(s) discovered at binding.

This is a summary of coverage only. A full policy, terms, conditions, coverage and exclusions will be mailed to you post-binding.

By signing you agree to the coverage terms, pricing, and payment options stated on this proposal


Signature of Named Insured

11/30/20
Date


Agent Signature

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Exhibit Fit, Willing, and Able (FWA)Jason Robinson / Taxi United LLC DBA ADR TAXI CAB
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

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Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

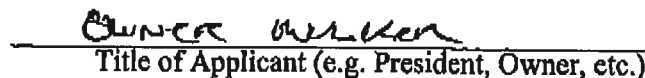
Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

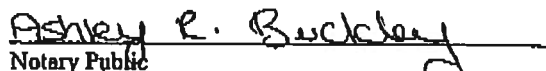

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Beaufort)

ASHLEY R. BUCKLEY
NOTARY PUBLIC, STATE OF SOUTH CAROLINA
My Commission Expires 06/12/2025

SWORN TO BEFORE ME
This 2nd day of December, 2020


Notary Public

Commission Expires 6/12/2025

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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Taxi United LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 6th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 2nd day
of December, 2020.


Mark Hammond, Secretary of State